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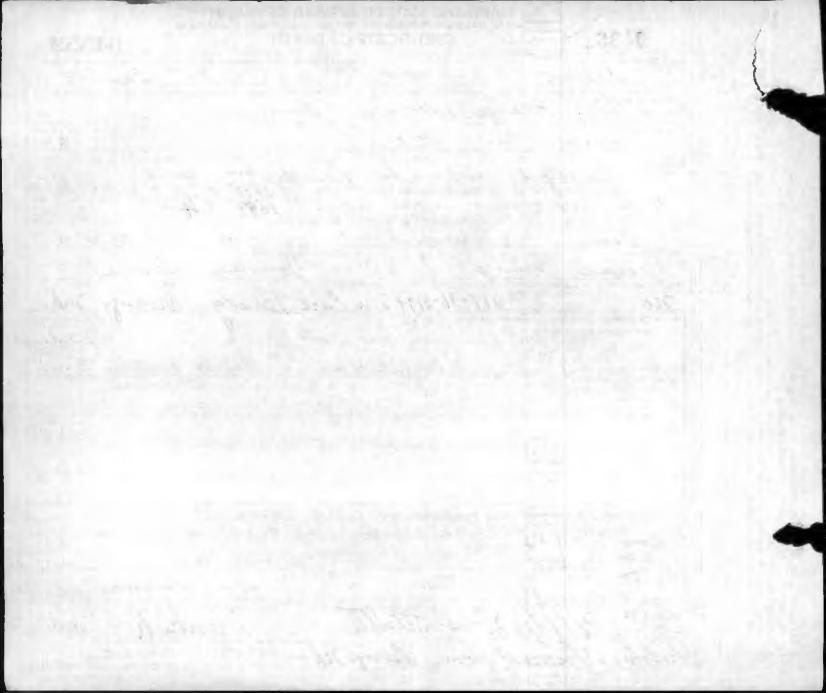
V	PLACE OF DEATH Calvert MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Calvert
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give redress town) frence trekerel 12 days	c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)
L	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hosp.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Laseph Thomas	Bracky DEATH april 17 1960
	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH B. DATE OF B
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tarmer Tarmer	md. U.S.a.
T	13. FATHER'S NAME Joseph Brady	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) [III yes, give wor or dates of service) 218-36-3179 7	m Earl Brady Dwings ma.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), storting the under-lying cause last. (c)	al Thrombone ONSET AND DEATH ONSET AND DEATH 13 days remeive Cardio 3 yrs.
0	CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 10. (Enter nature of injury in Port I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Manth, Day. Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while of work 10 work 11	ACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) (ctary, street, affice bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram, saw the deceased alive on 4-16. 1962 and that a 220'S IGNATURE	death accurred at 5 AM, from the causes and an the date stated above.
1	22c. PHYSICIAN'S	M.D. PHYS. MED. STAFF DIRECTOR PHYS. 4-17-6
1	NAME (Type) Page C. JETT 230. BURNED CREMATION, 23b. DATE/THEREOF/, 23c. NAME/OF CEMETERY C	Prince Frederick, Md
0	Berrial 4/19/62 Smithre	Ele Dunkirk md.
P	24. EUNBRAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Poge 4

TO HOSPITAL OR AT: ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after may be retained by a spital or attending physician.

TO FUNERAL DIRECTOR. For this certificate has been signed by the attending physician and campletely filled in by the fapoge 3 should be detached for use as the buriof-transit permit. Then please remave carbon papers. Pages 1 and 2 should the State Board of Health prior to buriof, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59



JING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR AT DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after demay be retained by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fix page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, at remayal, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/59

filed with

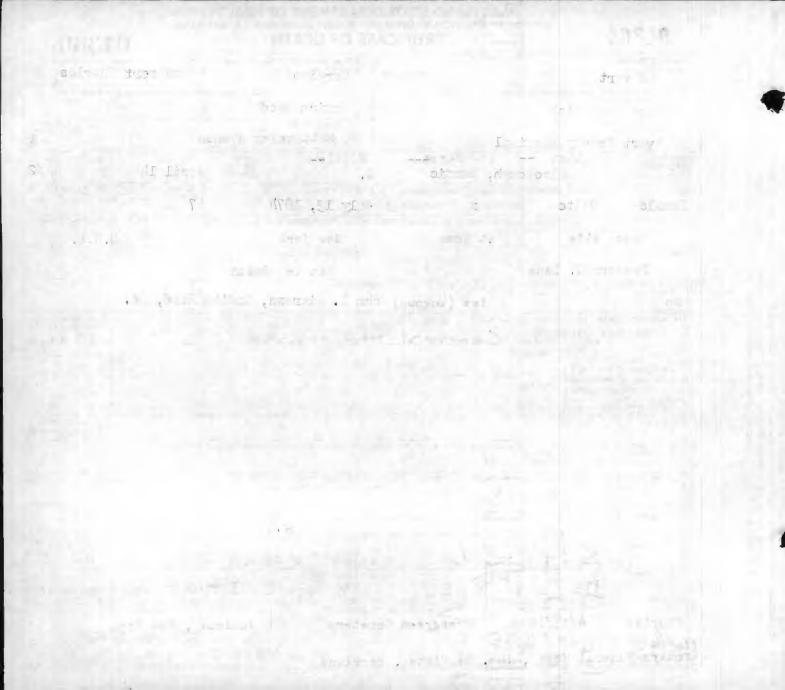
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PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

C	ER'	TIF	ICA	TE	OF	DE	ATH

1. PLACE OF DEATH o. COUNTY Calvert	AL.	MARYLAND	2. USUAL RESIDENCE (W O.STATE Maryland		ion: Residence before odmission)				
b. CITY OR TOWN (If outs RURAL and give nearest Prince Fred	town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Indian Head ARX 2						
d. NAME OF HOSPITAL (III OR INSTITUTION Calvert Cou			d. STREET ADDRESS 45 Matting	ley Avenue	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	Last no Elsebough	Firstan , Fannie	Middless S.	4. DATE MOI April					
5. SEX 6. 0	OLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years					
Female W	hite woo	WED NO DIVORCED	July 13, 187	lost birthday) yrs	Months Days Hours Min.				
10a. USUAL OCCUPATION (G during most of working li House N	ive kind of work done 10 fe, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote New York	or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
Orsborn	C. Lane		Fannie	Smith					
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If yes,	J. S. ARMED FORCES? I		ohn L. Kierma	n, Indian Head	dress Md.				
Conditions, if only, v gave rise to imme couse (o), stoting the <u>u</u> lying couse lost.	diote DUE TO GNIFICANT CONDITION IDERLYING 1 20b. D AUSS OF DEATH	S CONTRIBUTING TO DEATH BUT			VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO				
20c. TIME OF INJURY M Hour a.m. p.m.	onth, Day, Year 20d	ile Not while fo	ACE OF INJURY (Home, farrictory, street, office bldg., et		(County) (State)				
	21. I certify that (I) (this haspital) attended the deceased fram left by 1962, to Capt. 14, 1962, that (I) (we) last saw the deceased alive an left 13, 1962, and that death accurred at AM, from the causes and an the date stated above. 220. SIGNATURE M.D. PHYS. MED. STAFF SIGNED S								
230. BURIAL, CREMATION, 2	3b. DATE THEREOF 4/18/1962	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, Jamacia, Ne	or county) (Stote)				
Arehart Funers	were Home	c. In Plate , M		4	Isthur S. Kraya				



FOR STATE HEALTH DEPT. TO DEPUTY MEDY ALL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is provided please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral direction of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. H

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4355 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04361

DIE	-		
1		PLACE OF DEATH	2. USUAL RESIDENCE (Where daceasad lived, If institution: Residence before admission)
A	1	a. COUNTY	a. STATE // b. COUNTY
VI,	_	MARYLAND	
/	- 1	b. CITY OR TOWNS if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CUY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
V		11. Dear	Wash +7x.3
1	-	de NAME OF HOSPITAL OR INSTITUTION (if for it hospital, give street eddress)	d. STREET ADDRESS / . a. IS RESIDENCE
		Marchen Artel	15111 111 th 1/1 W ON A FARM?
	1	and by a	Shipman Date Models Day Vest
		NAME OF Trying A Middle	4. DATE Month Dey Year
		(Type or print) Insome (heines lo	blaman DEATH 4 /3 1962
	5.	SEX) 4 6. COLOR OR ASE 7. MARRIED NEVER MARRIED 1 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
			last birthday) Months Devs Hours Min.
H	1	WIDOWED DIVORCED	726. 26, 1900 62 vs.
***		. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
and I		Plumber Private Lust.	Wash, D.C. U.S.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	7	The Martin Ballance	Reida BD' 1 Al Maria
		four marion concernance	and clisabela recommend
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address 505 N Khodes
	1	Lea W.W. I 519-01-6365	Mrs, May Bussell arlington la.
		18. CRUSE OF DEATH [Enter only one cause parding for (a) (b), and (c).)	I INTERVAL BETYPEEN
		PART I, DEATH WAS CAUSED BY	DONSEY AND PENTHY
		IMMEDIATE CAUSE (a) CLUMING & CIL	my possonny 7/5/0-
		11, 8 DUE TO	
		Conditions, if any, which \ (b)	
		gove rise to immediate cause	9,000
		(e), stating the underlying	2 C - 2 V - 1 C - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
		causa last.	A
0	NOLL		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTIES W. WAS AUTOPSY PERFORMED?
	1	there was an emply who	cary latte and 3 08 What fly wes I NO I
	Ĕ	TOO EXTERNAL CAUSE WAS LONG DESCRIPTION WILLIAM OCCURED. (intermeture of Injury In Part t or Part II of Itam 18.)
	CERTI	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
			of an influence in the second
	ICAL		GE OF INCOME, farm, 20f. (Giv or John) (County) (State)
	WEDI	5 p.m. 21/15 100 2 at work at work	The Willad Calvery
	-	21. I certify that I took charge of the remains described above, he	ld an Autopsy I, Inspection I, Inquiry I, and in my opinion
		death resulted from: Natural causes, Accident, Suic	ide Homicide L. Undetermined manner
		2////	CHIEF MEDICAL EXAMINER
		ACTUAL If a land	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
4		SIGNATURE 7 1000	DEPUTY MEDICAL EXAMINER
d		EXAMINER'S NAME (Type)	4/10/0
h 100	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Addrass (Streat, city, town, or county) C CREMATORY 22d, LOCATION (City, town, or country) (Stata)
	220	REMOVAL (Specify)	LINT ARIC PRANT II
	1	BURIAL 4-18-6- MKLINGION	NHI. MKLINGIUN, UH.
	23.	FUNERAL DIRECTOR, ADDRESS 00 - 4	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	1	The timenel Norman WASh	DC DATE MR 1 9 '62 arthur & thouse
	3-1	CALL VILLEN HERING THE THE	J. They
			4 * * * * * * * * * * * * * * * * * * *

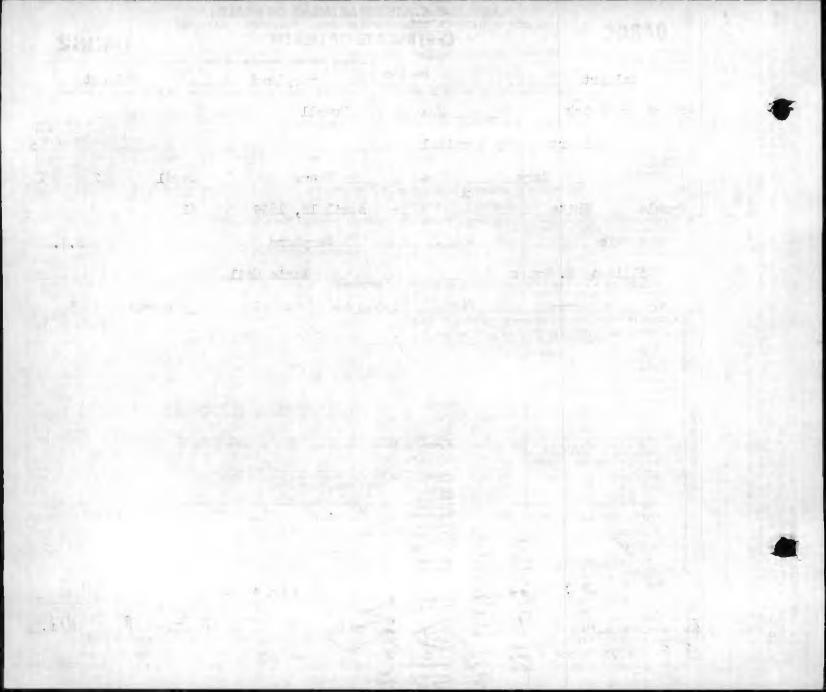
Best of the control o The Real of Sec. when the the the transfer days the the the the proper Mr. Hay Borned Walnut BOOMS 4-14-6- HILLIAM MAY RECORDED TO

VR ATS (4) 15M 9/59

04366

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1		LACE OF DEATH				2.		ICE (Whe	re deceased	d lived. If institut		nce befor	re admiss	ion)
1	0	. COUNTY	rert		MARYLA	ND	o. STATE	rvla	nd	b. COUNTY	Ca	lver	t	
	-	RURAL and give no		ts, write	c. LENGTH OF STAY IN	116		WN (If ou	tside corpo	rote limits, write I	RAL ond	give nec	rest town	n)
		rince Fred	AL (If not in hospital, g	ive street	oddress)	-	d. STREET ADD	DECC				T	e. IS RES	UDENCE
-tenta	,	OR INSTITUTION	Calvert Co				d. SIRCEI ADD	WC33					ON A	FARM?
		NAME OF	Fir	st	Middle		Last		4. DATE	Мо	nth	Do	у	Yeor
	(DECEASED Type or print)	Mar		5.		Evan	S	OF DEATH	Apri		2		1962
	S. S	EX	6. COLOR OR RACE	Z. MARE	RIED T NEVER MARRIED	□ B. D	ATE OF BIRTH			9. AGE (In years lost birthday)	Months	Doys	Hours	ER 24 HRS Min.
	1	Temale	White	WIDOW	ED DIVORCED [pril 18	. 18	99	62 yrs.		50/2	110012	- William
	10a.	USUAL OCCUPATIO	ON (Give kind of work of	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC	E (Stote o	r foreign c	ountry) .	12. Cf1	TIZEN OF	WHAT	OUNTRY
		during most of working life, even if retired) Housewife			Hope		Mary					U	B.A	
	13.	FATHER'S NAME				1	4. MOTHER'S MA	AIDEN N	AME				٠	
		Willia	ms W. Eva	ns			A	nnie	Hall					
		WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INFO				Add	dress .			
	(TIR)	, no, or unknown)	(If yes, give war or dates of a	auvice)	No	Will	liam @	EWAY	1.5	Po	well		nd.	
		18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), and (c).]				-				ERVAL BI	
		PART I. DEA	TH WAS CAUSED BY:	Ce	ronais	, 0	cele	4	w	~		ONS	EI AND	DEATH
		4	DUE TO)	/									
		Candhianis	00		/									
		Conditions, if a gove rise to i	mmediate											
		couse (o), storing	the under-											
4	z	lying couse lost.) (c	DITIONIS (CONTRIBUTING TO DEAT	U BUT NO	T DELATED TO TH	JE TEDAUL	IAI DIEE AE	E CONDITION OF	VENT INT DA	DT 1/m 1	2 A/AS	ALITOPSY
	CERTIFICATION			DITIONS	CONTRIBUTING TO DEAT	H BOI NO	RELATED TO TH	TE LEKMIC	AAL DISEAS	E CONDITION GI	VEN IN PA	KI I(a)	PERFC	RMED?
		20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCC	CURRED, (E	inter noture of in	njury in P	ort I or Par	t II of item 18.)				
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	or 20d. I While of wor	Not while		OF INJURY (Hor, street, office bl			y or town)		(County)		(Stote
		21 certify the	at (1) (this hospital) often	ded the deceased fr	om 4	-10-	19.	52. to_	4/2	. 19	621	ot /// /	(we) los
		sow the decease	1/	1	19 6 2 and th		h occurred o	10 5	-	the couses of				
		220. 91GHATURS	4		and when you	101 000				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 011 11	10 0010		b.DATE
		1991	1eans	0		M.D	ATTENDING PHYS.	ME	D. ECTOR [STAFF PHYS.				SIGNED
		22c. PAYSICIAN'S NAME (Type)					22d. ADDRESS	4 -	- 1-				^	
		De toplet	C.J. W	sen	15		Hu	ntin	,9700	wn_			ma	,
	23a	BURIAL, CREMATIC)f	23c. NAME OF CEMET	ERY OR CI	REMATORY		230. LOCA	TION (City, town,	or county)		(Sto	te)
	B	REMOVAL (Specify)	Apr. 4 1	962	Ewell (emi	teru		5mi	th Is	and		P	d.
	24	FUNERAL DIRECTOR	SIGNATURE	C	ADDRESS	1 5	25	So. REC'E	BY REGIST		ISTRAR'S S			
	4	. a. Thack	escere +	100	· nuclual	1 1	D	ATE AF	R 4	'62 C	holling a	8. The	UULA.	



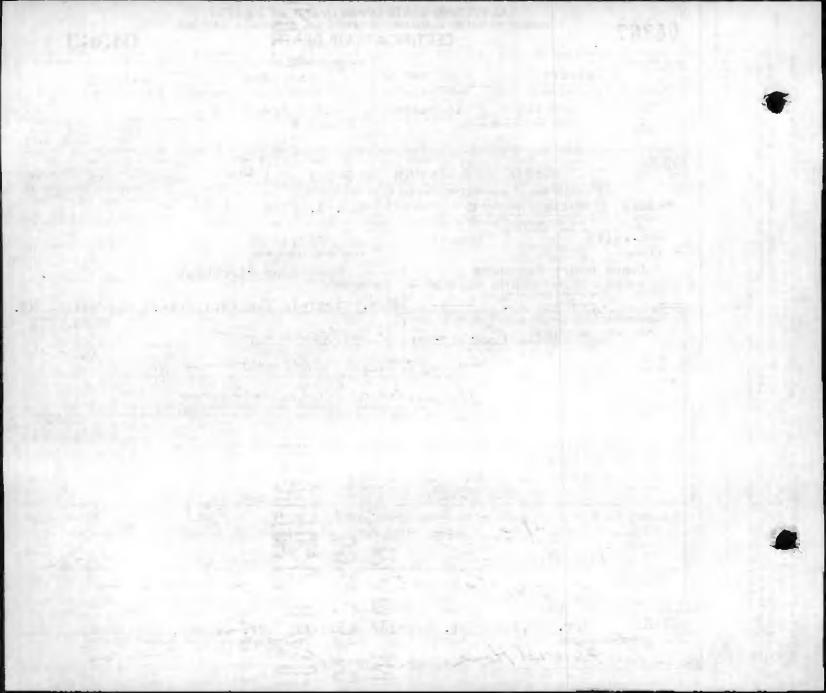
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04367

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH D. COUNTY	Calvert		MARY	rLAND	2. USUAL RESIDENCE o. STATE Mar	Where deceased	l lived. If instituti b. COUNTY		veri		ion)
6. CITY OR TOWN (I	f outside corporate limit earest town) e Frederic	s, write	c. LENGTH OF STAY		C. CITY OR TOWN	(If outside corpor		URAL ond	give nec	arest fown)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, g	ive Street	address)		d. STREET ADDRE	SS					DENCE FARM? NO [
3. NAME OF DECEASED (Type or print)	BESS.		Middle ELIZABET		Lost HARDESTY	4. DATE OF DEATH	Mon		14		Yeor 19 62
s. sex Female	6. COLOR OR RACE white	7. MARE	RIED NEVER MARRI		8. DATE OF BIRTH	884	9. AGE (In years last birthday) 78 yrs.	IF UNDE Months		IF UNDE Hours	R 24 HRS Min.
10a. USUAL OCCUPATION during most of work HOUSEW 1	king life, even if retired)	lane 10b.	Domestic	OR INDU	Mary 14. Mother's Maid	land	ountry)		USA	WHATC	OUNTRY
	s Henry Man	rque	SS			ane Biro	ckhead				,
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of se		SOCIAL SECURITY NO		FORMANT S. Virgini	и	Add				
Conditions, if o gave rise to i cause (a), stoting lying couse lost. PART II. OTI	mmediote Dus TO)	Hypredit Glenew CONTRIBUTING TO DE	leg.	not related to the	TERMINAL DISEASI	E CONDITION GIV	VEN IN PA	RT 1(a) 1	PERFO	RMED?
PART II. OTI	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter noture of inju	ry in Port I or Part	II of item 18.)			YES [_]	№ □
ZOc. TIME OF INJUING Haur a.m.	RY Month, Day, Yes	20d. I While at war	NJURY OCCURRED Not while	20e. PL for	ACE OF INJURY IHome, ctory, street, office bldg	, farm, 20f. (City j., etc.)	or town)	1	(County)		(Stote
21. I certify the saw the decear 22a. SIGNATURE	at (1) (this haspital sed alive an 1	attend 14	1.7	that e	eath accurred at	MED.	the causes ar	19 ^t			
22c. PHYSICIAN'S NAME (Type)	RdE	Vit	CARREN	2	22d. ADDRESS	of he	ONAR	5	//	J/ 6.	
230 BURIAL, CREMATIC REMOVAL (Specify) BUTIAL		196	23c NAME OF CEM 2 Mt. Har		Cemetery		NON (City, town,			(Stote	e)
24. EUNERAL DIRECTOR	S SIGNATURE	l H	ADDRESS		2So.	REC'D BY REGIST	RAR 25b. REGI	STRAR'S S	IGNATU	RE	



MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEA	EALT	H	OF	DEPARTMENT	Έ	STAT	AND	RYL	MA	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04365

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decaased lived, If institution; Rasidenca before edmission)
a. COUNTY Palme of MARYLAND	e. STATE De d b. COUNTY Cala. P
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate mils, write RURAL and give nearest town)
Barstau Sefen	X Boar Tour
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give steet eddress)	d STREET ADDRESS
Kanna /	ON A FARM? YES DI NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
Type or print)	TO HITCHIAS DEATH Che & 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In your IF UNDER 1 YEAR) IF UNDER 24 HRS.
WIDOWED DIVORCED	last birthday Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	77.17.10
dona during most of working life, even if ratired)	Tooling to Just Stock
13 FATHER'S NAME	14. MOTHER'S MA DEN NAME
Shows the O Thathe I	Clare Carlott
	INFORMANT Address
(Yes, no, or unkown) (If yes give yer or dates of serve)	Reid Hutcheris - Barstow Cabrelle - Wed.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	onset and death
IMMEDIATE CAUSE (e) REAPT BLO	- Allegia
	Heart Lise se
geve rise to immediate causa	Selection of the select
(a), steting the underlying DUE TO	
The Article College Age College Colleg	IOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(+) 19. WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
E 200, ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCUR!	D. (Enter neture of injury in Pert I or Pert II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH Of (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctary, street, office bldg., etc.]
p.m. 19 el work el work	
21. I certify that (I) (this hospital) attended the deceased from	1742 19 to 12201 19 64 that (I) (we) last
saw the deceased alive on3722	at death occured at A.A.M., from the causes and on the date stated above.
220. SIGNATURE	ATTENDING MED. STAFF 1.0 60 SIGNED
	M.D. PHYS. \(\times\) DIRECTOR \(\times\) PHYS. \(\times\)
22c. PHYSICIAN'S NAME (Type) Page C. Jett	22d. ADDRESS Prince Frederick, Maryland
234. BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or sounty) (State)
REMOVAL (Specify)	meteres Bosetin - Cabutto - Hed.
24 FUNERAL DIRECTOR'S SUCHATURE ADDRESS	750. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
a.a. Harkness & son - meter	DATE APR 11 '62 Chilly S. Kraus
	(%) 11 1 1 44 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

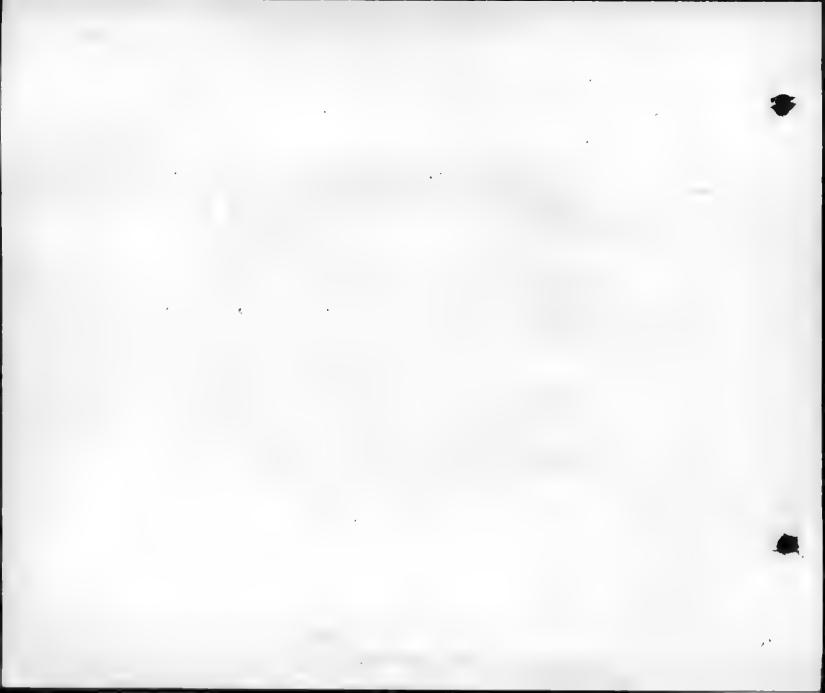
	043	370	1011 01 31A113	CERTIFICA	TE OF DE	ATH		043	66
1		lvert		MARYLAND	a. STATE	Maryland	b. COUNTY		Calvert
١	b. CITY OR TOWN RURAL and give		c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) **Dowell**						
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital				d. STREET ADD				e IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Fir		Middle Richard	Johnson	4. DATE OF DEATH	April	olh 8	Day Year
16	sex Male			NEVER MARRIED DIVORCED	B DATE OF BIRTH	9. 1876	AGE (În years last birthday) 85 yrs.		YEAR IF UNDER 24 HI
11	 during gost of w 	TION (Give kind of work orking life, even if relired OPTINAN	done 10b KIND (OF BUSINESS OR INDI	1.5	E (State or foreign count ryland	ry)		N OF WHAT COUNTR
1;	3. FATHER'S NAME	loses Johns	son		14. MOTHER'S M	rie ?/		•	
		VER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. SOCIAL		INFORMANT Elizabeth	Johnsonm I	Add		nd
	Conditions, al gave rise to cause (o), stati lying cause lo	immediate and the under-	Ge		0	Devis.50			
MOLENIA		OTHER SIGNIFICANT CON						VEN IN PART 1	(a) 19 WAS AUTOPS PERFORMED? YES NO
CEDTIE	OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER	206. DESCRIBE H	IOW INJURY OCCURR	ED (Enter nature of a	njury in Part I or Part II	of item 18.)		
ACIDAN	20c. TIME OF IN. Hour a. (10		lot whilefi	LACE OF INJURY (Ho actory, street, office b	me, form, 20f. (City or Idg., etc.)	town)	(Cou	unty) (Sta
l	1	hat (1) (this haspita	The same of the sa			19 , ta			
	22c PHYSICIAN' NAME (Type	Helle	lauca,	POEDI	M.D ATTENDING PHYS. 22d. ADDRESS	DIRECTOR .	STAFF PHYS.	n	SIGN
2		TION, 236 DATE THEREO		NAME OF CEMETERY St.Johns		23d LOCATIO	N (City, town		(State) Md
2	4 FUNERAL DIRECT		-	DDRESS	Mac 2	SO REC'D BY REGISTRA	R 2Sb REG	ISTRAR'S SIGN	NATURE
E	INNA	mey result	114.11	with the same of t	PECCIA!		· ·	with of	Thomas

TO HOSPITAL OR AT INDING PHYSICIAN: The law requires that the death, certificate be executed within 24 haurs after this may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the folders again and a should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages I and 2 should be filled in the burial transit permit.

the fund by director, should be filed with

VR A1S (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 86371 CERTIFICATE OF DEATH WITH director, PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a COUNTY filed o. STATE b. COUNTY MARYLAND Calvert Marvland Calvert 0 b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) should Rual--Prince Frederick rince Frederick, Md d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2 YES NO T 2 NAME OF 4. DATE First Middle Lost Month Day Year filled ges 1 DECEASED Julie Poges Johnson DEATH death (Type or print) 1962 Apri IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 5 SEX 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9. AGE (In years completely lost birthdoy) Doys Heurs F DIVORCED [7] Feb. WIDOWEDT 186 \cap popers. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Domestic Maryland puo pou 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion b within Unkown Elizabeth Wallace гетоме 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address event, [Yes, no, or unknown] (If yet, give war or dates of service Mrs.Susie Johnson, Prince Frederick, Md ottending pleose ony 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) RGNAM the 20, **DUE TO** ģ te hos been signed by buriol-transit permit. Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. physicion. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY cremotion. PERFORMEO? YES NO offending 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) certificate 20c TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. Dov. Year 20f. (City or town) (County) (State) 5 factory, street, office bldg., etc.) Hour O. m While Not while at work at work 21. I certify that (I) (this haspital) attended the deceased fram... That (I) (we) last saw the deceased alive-an and that death occurred at 2.A.M. from the causes and an the date stated above. 22a. SIGNATURE 22b.DATE SIGNED TO FUNERAL DIRECT M.D PHYS STAFF PHYS. poge 3 should be the Slote Board of DIRECTOR 22c PHYS, CIAN S 22d ADDRESS NAME (Type) 236 DATE THEREOF 230. BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Brooks Mutual, Calvert 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25p. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Prince Frederick, DATE VR A15 (4) 15M 9/59



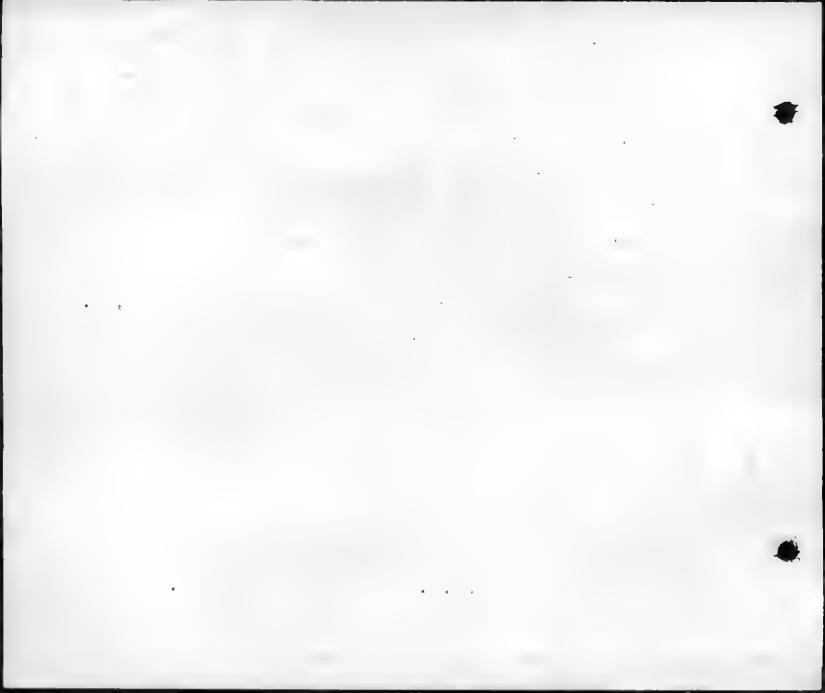


VR A15 (4) 15M 9/59 04373

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH (MARYLAND	Maryland		b. COUNTY	vert		
4	Prince Frederick	OF STAY IN 16	c. CITY OR TOWN (If or Chesapeake			URAL ond giv		
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Calvert County Hospital	J ·	d. STREET ADDRESS				e IS RESIDE ON A FA YES N	ARM?
	3 NAME OF First DECEASED (Type or print) Colin Maxwell	Middle	Lost	4. DATE OF DEATH	April		Day Yes	10
	5 SEX 6 COLOR OR RACE 7. MARRIED NEVER Male White WIDOWED 1	OIVORCED	B. DATE OF BIRTH July 1, 1894	ı	9. AGE (n years lost birthdoy) 67 yrs	IF UNDER T	YEAR IF UNDER :	24 HRS Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Miner 13. FATHER'S NAME	INESS OR INDU:	SCOTLAND 14 MOTHER'S MAIDEN NO.		untry)	USA	N OF WHAT COL	JNTRY?
1	Robert Maxwell	nove la la	Joanne M	lc Neill				
	15. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECU (Yes. 100, or unknown) (If yes, give war or dates of service)		ebecca Maxwell	Ches	Add Sapeake		Md.	
	The Cause of DEATH [Enter only one cause per line for (o), (b), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoting the under lying couse lost.		Hoor to	rued in			INTERVAL BETWOONSET AND DI	
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					EN IN PART	(o) 19, WAS AU PERFORM YES N	AED?
		NJURY OCCURRE	D (Enter noture of injury in P	Port I or Port	If of item 18.)			
	20c TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCUP Hour o. m. p. m. 19 While Not whi of work of work	le fo	ACE OF INJURY (Home, form, story, street, office bldg., etc.)		or fown)	(Co	unty)	(Stote)
/	21. I certify that (I) (this haspital) attended the deceased alive an 2.55 km 196 220 SIGNATURE 221 PHYSICIAN'S NAME (Type) ISSAM El Damalouji, M.	ond That a	ATTENDING ME	, fram	STAFF PHYS	d on the	22b D	bave
	23a BURJA, CREMATION, 23b. DATE THEREOF, 23c NAME, REMOVAL (Specify) 4/3/62 4. 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	St CEMETERY OF	amotery 250. REC'D	D BY REGISTI	(/	or county) STRAR'S SIGN	n 100	1,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

04370

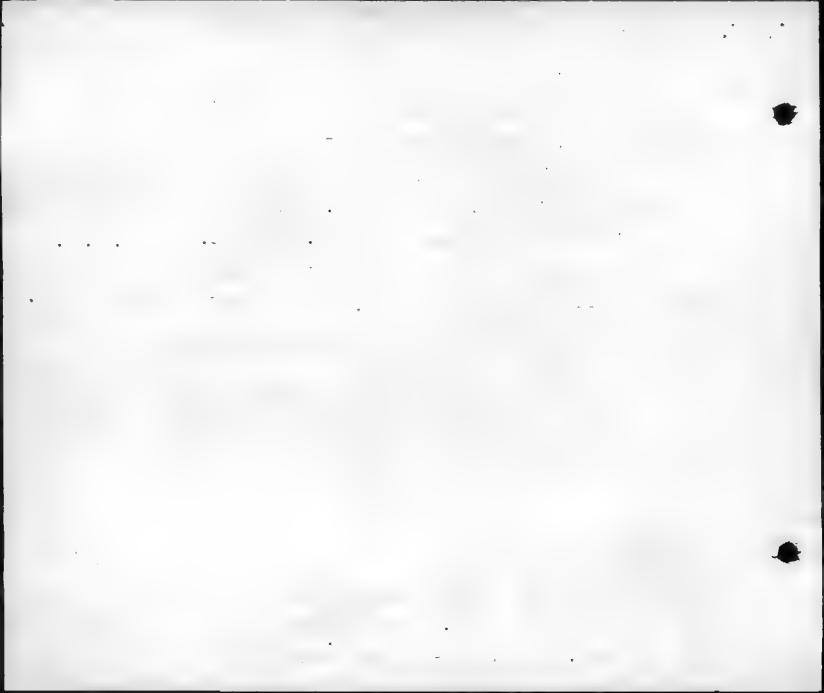
	CERTIFICATE	OI DEATH	0 10	
1. PLACE OF DEATH g. COUNTY		USUAL RESIDENCE (Where deceased lived.		pefore admission)
CAIVERT	MARYLAND	Maryland	. COUNTY Calv	rert
b CITY OR TOWN (If outside corporate limits, write c. L RURAL and give neares) town)	LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate lim		nearest town)
PLINCE TREGERIES	2 years	(Prince Frederic	k	
d. NAME OF HOSPITAL (If not in hospital, give street addre OR INSTITUTION	255)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
CALVERT NUKSING H	tome	****		YES NO 🐧
3. NAME OF First DECEASED	Middle	Lost 4. DATE OF	Month	Day Year
(Type or print)	Bush /	1/14/ED DEATH	******	LO, 1962
		lost	(In years IF UNDER 1 Y birthdoy) Months Da	EAR IF UNDER 24 HRS ys Hours Min
Female Whitewidowed		lug. 21,1876 8	5 yrs.	
10a. USUA. OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE OWN		The state of the s		NOF WHAT COUNTRY?
	. Home	St. Louis, Mo.	U.	S. A.
13. FATHER'S NAME	1.	4. MOTHER'S MAIDEN NAME		
Christian Bush	A CONTRACTOR AND	Henrietta Hodgki		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of rervice)			pper Marlb	oro. Md.
No	Mr.	Archie Duvall		
1B. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c)	1		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	ETORAL VA	SEULAR NEELD	ENT	
331X DUE TO -	THROMI385	15-		450.
Canditions, if any, which (b)	111(04177200	,)		1 omales
couse (o), stoling the under-	in a all	TO TURBARA	3/6	1962
10	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONE	DITION GIVEN IN PART 10	ol 19. WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONT 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH				PERFORMED?
E 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE	HOW INJURY OCCURRED. (E	inter nature of injury in Port I ar Port II of it	tem 18.)	120 110
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c TIME OF INJURY Month, Day, Year 20d INJUR	Y OCCURRED 20e. PLACE	OF INJURY (Home, farm, 20f. (City or tow	n) (Cou	nty) (Stote)
ZOc TIME OF INJURY Month, Day, Year 20d INJUR' Hour a.m. While p.m. 19 at work	LAGI MUHE	, street, office bldg., etc.)		
21 I certify that (I) (this haspital) attended to		10 to	10	that //\ /wal last
	_ 19 _ , and that deat		auses and on the d	1,,,,,
220 S/GNA UST	. 17 , 7 dila mai dear	M decorred of M, Irail file c	Juses and on the a	201 DATE
Jane Jean	M.D.	ATTENDING MED. STA	ff □ 4/	10/62 SIGNED
22c PHYSICIAN NAME (Types)		22d ADDRESS	ph.	_
MAGE C. VE	-//	MINCE 1	TRADE	AYCK
DEMOVAL (Sagniful)	c. NAME OF CEMETERY OR CR	REMATORY 23d LOCATION (C	lity, town, or county)	(Stote)
Buy1 (1-13/62	St. Thomas (Cemetery Croom,	Mar	yland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	Md 250. REC'D BY REGISTRAR	25b REGISTRAR'S SIGN	
Ritchie Bros. Funeral H	ome-UpperMai	rlborogate PR 2 4 '62	Cirthun & 10	sall

TO HOSPITAL OR NOTING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after may be retained to execute the hospital or attending physician.

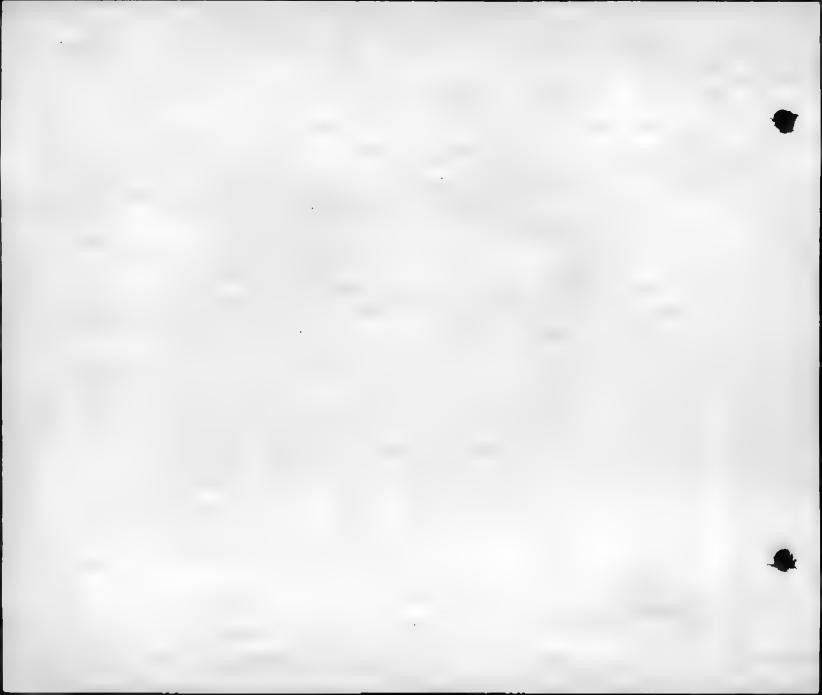
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Larpage 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should the State Board of Health prior to Eurial, crematian, or manayal, and in any ment, within 72 hour after death.

VR A1S (4) 15M 9/S9

oth. Page 4 reral director, befitted with



MARYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** RTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admiss on) · COUNTY ICAL EXAMINER. This certificate should be executed within 24 hours after death, if any delay sessary, certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page ded to the Cilief Medical Examiner's Office along with form IM3. Fing 5 may be maining for your files. ECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 with the State Board of Health, earl, prior to burial, cremation, or removal, and in any Arank within 72 hours after death. a. STATE **b.** COUNTY MARYLAND b. CITY OR TOWNLIF outs de corporela I mits, OR TOWN (If easible corporate limits, write RURAL end give nearest town) KENGTH OF STAY IN 16 INAME OF HOSPITAL OR INSTITUTION d. STREET ADDRESS not in hospital, give street eddress) o. IS RESIDENCE ON A FARM? YES NO 7 3. NAME OF Midd a Last DATE 4. Month Day OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 7. MARRIED last birthday) Hours WIDOWED 10s. USUAL ON CUPATION Give kind of work done during plost of working life, every retired 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Murray Helen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesg vewarordetesofservice) Wallace . Barstow. Md. Maggie 18. CAUSE OF DEATH [Enter only one cause per Tipe for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying cause lest. cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Me certificate, writing the word NO 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part of item PRIMARY CONTRIBUTING please execute %e certificate, writing 4 should be forwarded to the Cilief O FUNERAL DIRECTOR: Page 3 or its designated egent, prior to buri MEDICAL 20d. INJURY OCCURRED . 20a. PLACE OF WIJURY (Home, farm, (County) Month, Day, Yeer w-work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection. Inquiry and in my opinion designated agent, Undetermined manner death resulted from. Natural causes Accident Suicide Homicide 4 CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EKAMINER'S NAME (Type) Address (Streat, city, town, or county) 228. BORIAL) CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stela) REMOVAL (Specify) Carrolls Barstow, Ĕ ADDRESS 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Circling S. Kraus Prince Frederick, Ad 5M 7/59 DATE APR 2



DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often

Page 4

04376

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

O 4 O MO

0.2000	CEKIIIICAI	L OI DEAII	4	U4.57	~
1, PLACE OF DEATH		2. USUAL RESIDENCE (V			before admission)
calvert	MARYLAND	o. STATE Marv]		утиио: ГеО	vert
	c LENGTH OF STAY IN 16		outside corporate limits		
Prince Frederick	ZWKS,	X Solomon	S		
d. NAME OF HOSPITAL (if not in hospital, give street or OR INSTITUTION	ddress)	d. STREET ADDRESS			on a farm? YES NO
Calvert County Hospital					
NAME OF DECEASED First M. (Type or print) Edwin O'E	Middle	Last	4. DAYE OF DEATH ATO	Month	Day Year 19 62
S. SEX 6 COLOR OR RACE 7. MARRIE		. DATE OF BIRTH	9. AGE I	n years IFUNDER 1	YEAR IF UNDER 24 HR
Male White WIDOWED			lost bit	rthday) Months D	äys Hours Min.
100 USUAL OCCUPATION (Give kind of work dane 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stat			N OF WHAT COUNTRY
Carpentes.	hipyard	Marvl	and	U.S	- A -
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Edward O'Berry		Emma Ma	rtin		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	OCIAL SECURITY NO 17, INF	FORMANT		Address	
	-16-83c1 Loi	s O'Berry,	Solomons, M	aryland	
1B. CAUSE OF DEATH [Enter only one couse per line					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Cremia	, —			ONSET AND DEATH
DUE TO					
Conditions, if any, which	elino tel	mortrae	e a	Eug !	
gove rise to immediate Couse (a), stating the under	4		0		
lying couse last. (c)	Juganleum	m C.U	al a		
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TER	MINAL DISEASE CONDIT	ION GIVEN IN PART 1	(a) 19 WAS AUTOPS' PERFORMED?
O FAM II. OTHER SIGNIFICANT CONDITIONS CO					YES NO
206 ACCIDENT WAS UNDERLYING 206. DESCI OR CONTRIBUTING 2 CAUSE OF DEATH U(IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED.	. (Enter noture of injury in	Port I ar Part II of Hen	18.)	
	IURY OCCURRED 20e. PLAC	CE OF INJURY (Home, far	m. 20f. (City or town)	(Co	unty) (Stot
20c TIME OF INJURY Manth, Day, Year 20d IN. Hour a.m. p.m. 19 While of wark		ory, street, office bldg., e	tc.)	1	
		2/27//0 1	4/	7 ,60	
21. I certify that (I) (this haspitet) attende	/ 1				, that (I) (we) la
saw the deceased glive an D	and that de	eath occurred at	_,m, from fire cal	ises and on the	22b DATE
Faibllanes	M	ATTENDING HYS	MED STAFF PHYS.		SIGNE
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
Roberto de Villar	real, M. D.	St. Le	ohards, Md.		
230 BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d LOCATION (City	, town, or county)	(State)
Eureal as 14 1962	Solomonslate	topa Comelery	Sotomo	ma	Md.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	10		SE REGISTRAR'S SIGN	,
((1) Harkness Ven	1, Mulus,	Md, DATE	PR 1 1 '62	C' 1mn 2. 7	izanta

TO HOSPITAL OR A VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

DATE

CEPTIFICATE OF DEATH

. 1		UM3//								
ŧ .	1.	PLACE OF DEATH				2. USUAL RESIDENCE (WI	here deceased	lived. If instituti	on: Residence bel	fore admission)
(1)		Cal	zert.		MARYLAND	o. STATE Maryland		b. COUNTY	Cal	, , , , ,
VI)		. CITY OR TOWN (If outside corporate lim	its, write c. LENGTH O	F STAY IN 16	c. CITY OR TOWN (If	outside corpor	ote limits, write R	URAL ond give n	earest town)
		RURAL and give n	eorest town) Rack Prince	Hana do mi dile	15 days	X North Bea	ah			
4	-	d. NAME OF HOSPI	TAL (if not in hospital,		1 00-10	d. STREET ADDRESS	aca		-	e. IS RESIDENCE
7-1		OR INSTITUTION	ounty Hospi			1				YES NO X
	3.	NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE OF	Mon	th [Day Yeor
		(Type or print)	Julius	Elg	i'n	Sherbert	DEATH	April 2	23	19 62
	5.	SEX	6. COLOR OR RACE	7. MARRIED A NEVER	MARRIED B	DATE OF BIRTH		9. AGE (In years lost birthdoy)		AR IF UNDER 24 HRS.
		Male	White	WIDOWED DI	VORCED	9/29/11		50 yrs.	Months Days	Hours Min.
	100	. USUAL OCCUPATION	ON (Give kind of work	done 10b. KIND OF BUSIN	VESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZEN O	OF WHAT COUNTRY?
	G	asoline St	king life, even if retired tation Owne	r		Maryland			USA	
	_	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
1		Owen E. S	Sherbert			Gertrude	Crane	lall.		
.)	15.		- · · · · · · · · · · · · · · · · · · ·	RCES? 16. SOCIAL SECUR	ITY NO. 17. IN	ORMANT	7 08 4111	Add	ress	
	(Ya	no, or unknown)	(If yes, give war or dates of	578-10-79	20 Vne	Thelma Sher	hazet	Nonth Re	each. Md	
			APLE (F			THE THE DHE	Det.	NOT CIT De		TERVAL BETWEEN
			ATH WAS CAUSED BY:	ouse per line for (a), (b), re	and tel-1	innin.			10	NSET AND DEATH
		1/-	IMMEDIATE CAUSE (o) le	7 00	our y				
		163	DUE TO	0		()				
		Conditions, if a		0)		V				
		couse (a), stating		0						
	-	lying couse lost.	.) (c)						
0	CATION	PART II. OT	HER SIGNIFICANT COM	NDITIONS CONTRIBUTING	TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE	E CONDITION GIV	/EN IN PART 1(o)	19, WAS AUTOPSY PERFORMED? YES NO
	RTIFI	20a. ACCIDENT W.	AS UNDERLYING	206. DESCRIBE HOW IN.	JURY OCCURRED	(Enter noture of injury in	Port I or Port	tt of item 18.)		
	B	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
	ICAL	20c. TIME OF INJUI	RY Month, Day, Yo		fact	CE OF INJURY (Home, formory, street, office bldg., etc.		or town)	(Count	y) (Stote)
	MEDICA	Hour o.m.	19	While Not while at work	`n '``'	ory, street, office blog., en			PY	
			at (I) (this bosnito) attended the dece	ared from	5-18 19	44. ta 2	12 chr	1062	that (I) (we) last
		T.	sed alive an L	1 20 00 1		M		/		
		226 SIGNATURE	sed dive dil_Eq.	f-2	ranu inai ae	din occurred di	erat, ITuill	me conses di	id on me du	te stated above. 22b.DATE
		71 *	11/00	1113	A	D. PHYS.	ED.	STAFF PHYS.	4/23	160 SIGNED
		22c. PHYSICIAN'S		Le le vi	.,	22d. ADDRESS	INCCION [11113.	4//	/ 012
1		NAME (Type)	rge J. Ween	s. M. D.		Huntingto	men Me	٩.		
	27		- bul		OF CELLETPAY -					a real real real real real real real rea
	230	REMOVAL Specify	1		F CEMETERY OR		-	ION (City, town,	or county)	(Stote)
	21	Burial FUNGRAL DIRECTOR		,1962 Mt. Z			Loth		Maryla	nd
	24.	In the	FISHINATURE	Hamowing			PR 2		STRAR'S SIGNAT	

TO HOSPITAL OR A

I I'm the 27 TOTAL STATE OF THE I have been a second of the se . I got for the state of the st CERTIFICATION OF THE PARTY OF T

TO HOSPITAL O

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDA 04378 CERTIFICATE OF DEATH

a. COUNTY		2. USUAL RESIDENCE (Wh	ere decessed lived, If institution: Re-	sidence before admission)
Calvert	MARYLAND	Tred	Cel	ret
b. CITY OR TOWN (if outside corporate limits, write RURAL and live nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside	a corporate limits, write RURAL and	give neerest town)
Hunlingbown	-3 yers	X Hundre	island	
d. NAME OF HOSPITAL OR INSTITUTION (IF not in h	ospitel, giv street eddress)	d. STREET ADDRESS		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Last 4. DJ		Dey Yeer
(Type or print) FLORENCE	E. 14.	LER	EATH Copy.	28, 1962
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED B	DATE OF BIRTH	9. AGE (In year) III UNDER 1 Y	
F W WIDOV	A	Det. 3, 1877	84 yrd	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Ste	te, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Housewide 1	tome-	Jefferson Co. a	latima 11.	5. 9.
13. TATHER'S NAME		THER'S MAIDEN NAME	2	
tances /Edens		11 Lac		
15. YAS DECEASED EVER IN U.S. ARMED FORCES? [Yes to or unknown] (If yes give werordales of service)	S. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	1- 4
no	Unknown !	Iladers F. Pa	doles - Thereton	slown, hel
18. CAUSE OF DEATH [Enter only one cause pe	r line for (e). (b), end (c).]	1 10 0-	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Wileum	C. M. R. des	low	ONSET AND DEATH
442X DUE TO 1				
Conditions, if any, which (b)				
geve risa to immediale ceuse				
(a), slating the underlying Couse lest.				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1	
PART II. OTHER SIGNIFICANT CONDITIONS CO				YES NO 1
E 200. ACCIDENT WAS UNDERLYING 1 1 206. D	ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part I or	Part il of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
		CE OF INJURY (Home, ferm, 20f. ory, street, office bldg., etc.)	(City or lown) (Count	(State)
	ork at work			
21. I cartify that (I) (this hospital) atte	nded the deceased from.	5 /1 19400	10 7/28 196	hat (I) (we) last
saw the degeased alive on	196 7 and that		from the causes and on th	
22a. SIGNAFURE		ATTENDING _ MED.	STAFF	22b. DATE
Mulenva	M	D. PHYS. DIRECTO		4/29/62
22c. PHYSICIAN'S NAME (TOD)		22d. ADDRESS	_	
1 G. J. WEEMS		HUNTINGT	OWN ME	>
238. BUBIAL, CREMATION, 235. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d	LOCATION (City, town or county)	(State)
Bernal apr. 30, 1962	- Wesley an	release Voc	we trederick	und.
24 JUNERAL DIRECTOR'S SYNATURE	ADDMISS	all 260. REC'D BY	REGISTRAR 256. REGISTRAR'S SI	GNATURE
U. U. warmers ten	v - maria	DATE MAY	1 162 arthur 1	?. Kraws

